

The last word Representing AIDS by the editors

from *Jump Cut*, no. 33, Feb. 1988, pp. 116-117

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As our editorial statement in this issue of JUMP CUT, we present "Safe Sex Guideline," by Jan Grover. We are also reproducing some safer sex comics distributed by Gay Men's Health Crisis, comics denounced in Congress by right-wing senator Jesse Helms. How AIDS gets represented is important to consider. On the one hand, the representation of AIDS has always been an ideological issue, reinforcing (or challenging) dominant power structures. Furthermore, it is a media issue about who controls the representation of a minority group, especially in a time of crisis.

Second, we wish to emphasize that only sexual practices, not categories of people, are "high risk." The risk associated with those practices can be diminished. But people must cease to yearn for a pre-AIDS utopian past, where the sexually active could look for uninfected partners so that both could assume they were in a state of non-risk. Rather (if not in a mutually monogamous relation with the same person for at least ten years who has not used intravenous drugs), we must act as if all of us were infected, and we must prevent the mutual exchange of bodily fluids. As leftists who place a primacy on social responsibility, we would add that this "left" responsibility now includes using latex barriers such as condoms in sexual practice.

Individuals create a self-representation, in regard to AIDS, and this internalized representation has great consequence in mutual sexual relations. For example, here are two common scenarios. One, a sexual partner says, "I want (me or you) to use condoms since neither you nor I know if either of us might be a carrier of AIDS." No burden of "proof" such as testing is laid on either. In the second scenario, a man says, "I don't want to use a condom," or a woman is afraid of rejection if she demands this of a man; both of them then have to act on "faith" as if they will not be infected with AIDS through their mutual contact — this is a search for an utopian pre-AIDS past, and it is socially and politically irresponsible.

IDEOLOGICAL MODES OF REPRESENTATION

Often in JUMP CUT, articles analyze how the dominant media creates and

perpetuates ideological modes of representation that serve the interests of the ruling class, especially white middleclass men. Representing AIDS is a class issue, and such representations, in fact, vary according to class and so are enacted institutionally in different material ways.

To take an example, AIDS is dealt with differently in elite colleges and universities than it is in state and Catholic schools. In the first, in an elite private university serving the children of the ruling class, you will find condoms sold in both men's and women's bathrooms in public spaces such as student unions. The student health service distributes condoms free in many men's and women's dorms; in the dorms, the university staff conducts ongoing education about safe/safer sexual practices.

In many state schools, for political reasons, and in most Catholic schools, for religious reasons, the students encounter a much greater silence around AIDS, and the official discourse is more likely to "blame" and advise avoiding gays rather than frankly discuss the range of sexual practices. An anti-sex abstinence is officially urged. State and religious schools serve more students from the working class, and AIDS education is both more ideological and more restricted there.

CREATION OF THE OTHER

One function of representations made by the dominant media is to create a category of Others, often sexually threatening and often scapegoats. For the dominant class to know some group as the Bad Other is to affirm its own identity and social control. As anthropologist Mary Douglas pointed out, these Others are seen to exist on the "boundaries" of ordered society, and their threat to society is characteristically described in terms of sexual aberrance. Never has this pattern of representation been more obvious than now in the AIDS crisis. It is most obvious in the new set of heterosexual "advice" books which tell readers how to find a pool of pure, uninfected partners.

Dominant representations of high risk groups — gay men, Africans, intravenous drug users, black and hispanic adolescents in large urban areas — and the consequent social legislation based on those representations would condemn these groups to genocide. For example, the political right, out of a self-righteous sense of disgust, proclaims that abstinence is the solution and legislates that the government fund no education about safer sexual practices or about hygienic IV drug use.

We know from the case of women's accessibility to abortion that the right enforces its principles about sexuality only among the poor. In this case, the right-wing influence on government funding means that AIDS information and condoms are not distributed in prisons; IV drug users do not learn how to clean their drug works with household bleach; and the mentally retarded do not see videotapes with condoms placed on erect human penises although they need such graphically explicit images for instruction about safer sex. When people in these groups die in large numbers from AIDS, the right will assume they deserved it.

The gay men's community and the lesbian community have united with strong bonds because of the massive homophobia that has resulted from how AIDS is generally represented. The gay men's community has provided not only a model for AIDS education but proof that it works — that education can change behavior. The rate of AIDS infection in the gay community has stabilized, not increased, as the gay community at large has moved from an ethos of sexual liberation to one of responsibility for others.

Within the gay community, this sense of responsibility has often resulted in an individual readiness to get openly angry at and strongly criticize friends who still engage in high-risk sexual practices. And this may also be a model for society at large — the capacity to get angry at friends for not reducing risk.

Furthermore, the national political organization of the gay and lesbian community rivals that of the anti-Vietnam-war movement: The Gay and Lesbian March on Washington in October rivals the biggest antiwar demonstrations in D.C., both in size and militancy. It was precisely this gay and lesbian mobilization and us degree of political organization that sparked a backlash in the Senate, tangibly about AIDS education, but in a larger sense, revealing the government's fear of visible, organized homosexuals.

The gay community has proven that behavioral change is what is needed to combat AIDS. All AIDS education needs to offer a complete and graphic description of the range of sexual practices, and an indication of how those practices can be modified to prevent an exchange of bodily fluids.

Since we on JUMP CUT believe that education is more important than testing, we offer here a list of sexual practices, in alphabetical order, and how they can be practiced in a safer way. These practices are often a part of both gay and straight sexual orientations. The comics reprinted here represent another way of presenting information, using humor to disarm ("When you're sleeping with Ralph, you're sleeping with everyone he's ever slept with") or using the sexual language and iconography of a minority group in a "sex-positive" way so as to make safer sex more desirable to act upon.

Even as we write these words and present this information, we know the difference between how the media, JUMP CUT included, offer so much information and how it is that people may want to remember or use that information. Safe/safer sex comics play a role in helping people want to use this information. So may films and videotapes. So may our individual commitment to being responsible both for ourselves and for others. We see the need for an immediate change in everyone's sexual practice, and we hope these safe sex guidelines provide not only education but a personal incentive to change as well.